



Illinois
Department of Commerce
& Economic Opportunity
Pat Quinn, Governor

Illinois Department of Commerce and Economic Opportunity
Illinois Angel Investment Tax Credit Program
Application to be certified as a Claimant

Applicant Desiring Claimant Certification

APPLICANT:		
APPLICANT ADDRESS:		PO BOX / Suite:
CITY:	STATE:	ZIP CODE:
TELEPHONE:		FAX #:
APPLICANT EMAIL:		FEIN# OR SS# (FOR INDIVIDUAL INVESTORS):
CONTACT:		TELEPHONE:
TITLE:		EMAIL:

<p>Are you a corporation, partnership, limited liability Company, or an individual who has made an investment in an Illinois qualified new business venture? YES NO</p> <p>Please list which of the following best describes you as an angel investor (Corporation, Partnership, LLC, Angel Investment Group, Family Trust or Individual):</p>
<p>Please list the qualified new business venture in which you made an investment in:</p>
<p>Please list the actual date or date(s) in which you made an investment in the qualified new business venture:</p>
<p>“Angel Investment” means a contribution of property, at a risk of loss, to a qualified new business venture as defined in the Act in <i>exchange for stock, a partnership interest, or other ownership interest in the qualified new business venture</i>. For the purposes of this definition, an investment is at risk of loss if its repayment depends entirely upon the success of the business operations of the qualified new business venture.</p> <p>Is your investment an eligible Angel Investment per the program definition listed above? YES NO</p>
<p>Do you plan to keep your investment in the qualified new business venture for no less than 3 years following initial program certification? YES NO</p>
<p>Will you annually complete and mail in our provided form which will attest that your investment remains in the Qualified New Business Venture? YES NO</p>
<p>Do your income taxes go to the State of Illinois? YES NO</p>
<p>Are you presently in good standing with Illinois Department of Revenue? YES NO</p>
<p>Do you have a direct or indirect ownership of 51% or more in the Qualified New Business Venture you made an investment in? YES NO</p>
<p>Please carefully review the definition of "Related Member" in the Angel Investment statute. Do you qualify as a related member? YES NO</p>
<p>Do you wish to have your contact information shared with program-eligible, qualified new business ventures that are looking for additional investors? YES NO</p>

Investment Description: Please list and describe the exact investment (exact dollar amount) you made in the qualified new business venture since the business has been registered with the Department. Please attach all supporting documentation of investment (invoices, cancelled checks, copy of bank statement/transaction, stock receipts, etc.). ****If two or more, separate investment(s) are made in the same qualified new business venture during a particular calendar year, you only need to complete one application, but please make sure to explain and provide supporting documentation for these investment(s).***

****The State of Illinois has not investigated the operations and does not endorse the quality of management, technologies, or the potential for earnings of the registered, Qualified New Business Venture. Qualified New Business Ventures are not affiliated or sponsored by the State of Illinois or the Illinois Department of Commerce and Economic Opportunity. Furthermore, the Qualified New Business Venture's use of the phrase "registered" and/or "qualified new business venture" is not a recommendation or endorsement of the investment or the company by the Illinois Department of Commerce.***

Applicant Certifications

Signature - By signing and dating this application, I am attesting that the application information is true and correct, and I am granting the Department access to material, documentation and other data required to verify application information.

Authorized Applicant:

Name: _____

(typed or printed)

Signature: _____ **Date:** _____

Partnership/LLC/Angel Fund's FEIN # or Individual's SS#: _____

Tax Certification

The company and/or individual certifies that it is a company or individual which is in good standing, authorized to do business in Illinois and has no delinquent tax liabilities. The company and/or individual further authorizes the Department of Commerce and Economic Opportunity to seek a tax clearance letter from the Illinois Department of Revenue and authorizes the Department of Revenue to provide such a letter stating whether the records of the Department show that Claimant Applicant is in compliance with all tax Acts administered by the Department of Revenue.

The company and/or individual also certifies that no tax liens, including but not limited municipal, county, state or federal liens, have been filed against the company and/or individual, the majority shareholders of the company and/or individual, or in the name of related business owned by the applicant.

The company and/or individual certifies that all information contained in this application, including the documentation, is true to the best of his/her knowledge and belief.

Authorized Applicant:

Name: _____

(typed or printed)

Signature: _____ **Date:** _____